## Case 16-18262 Doc 1 Filed 06/01/16 Entered 06/01/16 13:05:58 Desc Main Document Page 1 of 54

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)	Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this an amended filing

## Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself			
	-	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):	
1.	Your full name			
Write the name that is on your government-issued picture identification (for example, your driver's		Jolly First name T	First name	_
	license or passport).	Middle name	Middle name	
	Bring your picture identification to your meeting with the trustee.	Walls Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)	_
2.	All other names you have used in the last 8 years			
	Include your married or maiden names.			
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-5721		

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Case number (if known)

Debtor 1 Jolly T Walls

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and		■ I have not used any business name or EINs.  Business name(s)	☐ I have not used any business name or EINs.  Business name(s)		
	doing business as names				
		EINs	EINs		
5.	Where you live	232 Thomas St	If Debtor 2 lives at a different address:		
		Park Forest, IL 60466  Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code		
		Cook			
		County	County		
	If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.		If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.		
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code		
6.	Why you are choosing this district to file for	Check one:	Check one:		
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)		

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Case number (if known) Debtor 1 Jolly T Walls

⊃ar	t 2: Tell the Court About	Your B	ankruptcy Ca	ise				
7.	The chapter of the Bankruptcy Code you are				of each, see <i>Notice Required by</i> page 1 and check the appropria	r 11 U.S.C. § 342(b) for Individuals Filing for Bankri te box.	uptcy	
	choosing to file under	<b>■</b> C	hapter 7					
		□с	hapter 11					
		□с	hapter 12					
		□с	hapter 13					
3.	How you will pay the fee	•	about how yo order. If your	will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.				
☐ I need to pay the fee in installments. If you choose this option, sign and attach the Application The Filing Fee in Installments (Official Form 103A).				ion, sign and attach the Application for Individuals	to Pay			
	☐ I request that my fee be waived (You may request this option only if you are filing for Chap							
				our income is less than 150% of the official poverty in installments). If you choose this option, you mus				
			the Application	on to Have the C	Chapter 7 Filing Fee Waived (Off	icial Form 103B) and file it with your petition.		
<ul> <li>Have you filed for     bankruptcy within the     No.</li> </ul>								
	last 8 years?	□ Ye						
			District			Case number		
			District		When When	Case number		
			District		when	Case number		
10.	Are any bankruptcy	■ No	)					
	cases pending or being filed by a spouse who is	□ Ye	es.					
	not filing this case with you, or by a business partner, or by an affiliate?							
			Debtor			Relationship to you		
			District		When	Case number, if known		
			Debtor			Relationship to you		
			District		When	Case number, if known		
11.	Do you rent your	■ No	Go to I	ine 12.				
	residence?		J. 		ined an eviction judament again	st you and do you want to stay in your residence?		
		□ Ye	es. Has ye	No. Go to line 1		or you and do you want to stay in your residence:		
						Judgment Against You (Form 101A) and file it with	n this	
			Ц	bankruptcy peti		vadginonic riganist roa (i onni totir) and ille it will	1 0113	

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Document Page 4 of 54 Case number (if known) Debtor 1 Jolly T Walls Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat ☐ Yes. of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs immediate attention? needed, why is it needed? For example, do you own

Number, Street, City, State & Zip Code

Where is the property?

perishable goods, or livestock that must be fed,

or a building that needs urgent repairs?

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Debtor 1 Jolly T Walls

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Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Deb	tor 1 Jolly T Walls		Docum		Case number	(if known)
Part	6: Answer These Quest	ions for Re	porting Purposes			
16.	What kind of debts do you have?			consumer debts? Consumersonal, family, or household		ed in 11 U.S.C. § 101(8) as "incurred by an
			☐ No. Go to line 16b.			
			Yes. Go to line 17.			
				business debts? Business exestment or through the open		
			☐ No. Go to line 16c.			
			☐ Yes. Go to line 17.			
		16c.	State the type of debts you	u owe that are not consumer of	debts or business	debts
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapt	ter 7. Go to line 18.		
	Do you estimate that after any exempt property is excluded and			7. Do you estimate that after a available to distribute to unse		rty is excluded and administrative expenses
	administrative expenses		■ No			
	are paid that funds will be available for distribution to unsecured creditors?		□ Yes			
18.	How many Creditors do	<b>1</b> -49		<b>1</b> ,000-5,000		□ 25,001-50,000
	you estimate that you owe?	□ 50-99		☐ 5001-10,000 ☐ 40,004.05.000		☐ 50,001-100,000
		☐ 100-19 ☐ 200-99		□ 10,001-25,000		☐ More than100,000
19.	How much do you	□ \$0 - \$5	0,000	<b>□</b> \$1,000,001 - \$10		□ \$500,000,001 - \$1 billion
	estimate your assets to be worth?		1 - \$100,000	□ \$10,000,001 - \$5 □ \$50,000,001 - \$1		☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion
			01 - \$500,000 01 - \$1 million	□ \$100,000,001 - \$		☐ More than \$50 billion
20.	How much do you estimate your liabilities	□ \$0 - \$5		<u> </u>		☐ \$500,000,001 - \$1 billion
	to be?		01 - \$100,000	□ \$10,000,001 - \$5 □ \$50,000,001 - \$1		□ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion
		_	01 - \$500,000 01 - \$1 million	□ \$100,000,001 - \$		☐ More than \$50 billion
Part	7: Sign Below					
For	you	I have exa	mined this petition, and I d	leclare under penalty of perju	ry that the informa	ation provided is true and correct.
						under Chapter 7, 11,12, or 13 of title 11, lose to proceed under Chapter 7.
				d not pay or agree to pay son the notice required by 11 U.S		an attorney to help me fill out this
		I request r	elief in accordance with the	e chapter of title 11, United S	tates Code, speci	fied in this petition.
			y case can result in fines u			property by fraud in connection with a ars, or both. 18 U.S.C. §§ 152, 1341, 1519,
		Jolly T V		Sig	gnature of Debtor	2
		Executed	on June 1, 2016 MM / DD / YYYY	Exe	ecuted on	DD / VVVV
			ואוואו / טט / ז ז ז		IVIIVI /	DD / YYYY

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Debtor 1 Jolly T Walls Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Joseph	R. Doyle	Date	June 1, 2016	
Signature of	Attorney for Debtor		MM / DD / YYYY	
Joseph R.	Doyle			
Printed name				
Bizar & Do	yle, LLC			
Firm name				
123 West N	Madison Street			
Suite 205				
Chicago, II	L 60602			
Number, Street, 0	City, State & ZIP Code			
Contact phone	312-427-3100	Email address	joe@bizardoylelaw.com	
6279065				
Bar number & St	ate		<del></del>	

tor 1 Jolly T Walle		The state of the s	Cáse númbe	(if known)		
St. Anawer These Quest	lons for R	laporting Purposes				
What kind of dobts do you have?	1 <b>6</b> a.	Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as 'incurred by individual primarily for a personal, family, or household purpose."				
		No. Go to line 16b.				
		Yes. Go to line 17.				
	16b.					
		☐ Na. Go to line 16c.				
		☐ Yes, Go to line 17.				
	16c.	State the type of debts you or	we that are not consumer debts or busines	s debis		
Are you filing under Chapter 7?	□ No.	I am not filing under Chapter	7. Go to line 18,			
Do you estimate that after any exempt property is excluded and	■ Yes.					
administrative expenses		<b>™</b> No				
are paid that funds will be available for		□ Yes				
distribution to unsecured creditors?						
How many Creditors do	1.49		□ 1,000-S.000	☐ 25,001-\$0,000		
		3	□ 5001-10,000	☐ 50,001-100,000		
OWe ?	☐ 100-1	199	□ 10,001-25,00D	☐ More than100,000		
How much do you	□ \$0 - 9	\$50.000	□ \$1.000.001 - \$10 millian	□ \$500,000,001 - \$1 billion		
		·	□ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion		
De Moldis			☐ \$50,000,001 - \$100 million	□ \$10,000,000,001 - \$50 billion		
	<b>□</b> \$\$00	,001 - \$1 million	L1 \$100,000,001 - \$500 million	☐ More than \$50 billion		
	<b>□</b> \$0 - \$	\$50,000	□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion		
	<b>□</b> \$50,	000,000 - 100	☐ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion		
10 041			☐ \$50,000,001 - \$100 million	☐ \$10,000,000,001 - \$50 billion		
N ST STATE	□ \$500	,001 - \$1 million	LJ \$100,000,001 - \$500 million	☐ More than \$50 billion		
17: Sign Below			<b></b>			
you	l have e	xamined this petition, and I dec	lare under penalty of perjury that the inform	nation provided is true and correct,		
				t an attorney to help me till out this		
	1 reques	t rolled in accordance with the c	hapter of title 11, United States Gode, spe	cified in this petition.		
	_babkrup	tcy case can result in fines up t				
	1	un u ulla				
			Signature of Debto	r 2		
	Execute	d on 05/84/26	Executed on MM	/ DD / YYYY		
	What kind of dobts do you have?  Are you filling under Chapter 7?  Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?  How many Creditors do you estimate that you owe?  How much do you estimate your assets to be worth?  How much do you estimate your liabilities to be?	Attawer These Questions for R What kind of dobts do you have?  16a.  16b.  16c.  Are you filling under Chapter 77  Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?  How many Creditors do you estimate that you owe?  How much do you estimate your assets to be worth?  Sign Below  You  I have e If I have United S If no atte docume I reques I unders babkrup and 357 Joliy T Signature	What kind of debts do you have?    168.	Are your lilling under Chapter 7. Go to line 18.   Are your debte primarily to a personal, family, or household purpose."   16b.   Are your debte primarily to a personal, family, or household purpose."   16b.   Are your debte primarily business debte? Business debte are debte among for a business or investment or through the operation of the business of investment or through the operation of the business of investment or through the operation of the business of investment or through the operation of the business of the top of the top of the business of the top of the business of the top of the business of the top of the top of the top of the business of the top of the business of the top of the top of the top of the top of the business of the top of the top of the top of the top of the business of the top of the top of the business of the top of the business of the top of the top of the business of the top of the top of the business of the business of the business of the top of the business		

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Debtor 1 Jolly T Walls	AT 1	Case	e number (if known)	
	7,644			
For your attorney, if you are represented by one	I, the attorney for the debtor(s) named in this under Chapter 7, 11, 12, or 13 of title 11, Un for which the person is eligible. I also certify	nited States Code, and have e	xplained the relief available under each c	hapter
f you are not represented by	and, in a case in which § 707(b)(4)(D) applie	es, certify that I have no know	ledge after an inquiry that the information	in the
an attorney, you do not need to file this page.	schedules filed with the petition is incorrect.	Date	5-/6-/6 MM/DD/YYYY	
	Signature of Attorney for Debto		MM / DD / YYYY	
	Joseph R. Doyle			
	Printed name			
	Bizar & Doyle, LLC			
	Firm name			
	123 West Madison Street			
•	Suite 205			
	Chicago, IL 60602			
	Number, Street, City, State & ZIP Code			
	Contact phone 312_427_3100	Email address	ioe@hizardovlelaw.com	

**6279065**Bar number & State

Fill in this infor	rmation to identity your	pase:			
Debtor 1	Jolly T Walls				
<b>B</b>	First Name	Middle Name	Last Name	art and Anti-transferred white	
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States B	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case number					
(il known)					Check if this is an amended filing
Official For	m 106Dec				
		n Individual	Debtor's Sch	nedules	12/15
SIG	gn Below				
Did you p	ay or agree to pay some	offe na TON si onw eno	ney to help you fill out ba	nkruptcy farms?	
■ Na					
☐ Yes.	Name of person				etition Preparer's Notice, nature (Official Form 119)
		that have read the sum	mary and schedules (lied	with this declaration and	
that they a	re true and correct.	des		•	
VIOL	T Walls		X Signature of D	ebtor 2	S. 11.7 · 11. S. K. Callerin on an are
	ure of Debtor 1		•		
Date	05/04/16		Dala		

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Debtor 7 Jolly I Walls	Case number (If kirowi)
are true and correct I underetwirthet making	a false statement, concealing property, or obtaining money or property by fraud in connection
with a bankruptcy case can result in fines up to 18 U.S.C. \$6 152, 1341, 1519, and 3571.	to \$250,000, or imprisonment for up to 20 years, or both.
July u elle	
Johy T Walls Signature of Debtor 1	Signature of Debtor 2
Date 05/04/16	Date
	ment of Financial Affairs for individuals Filing for Bankruptcy (Official Form 107)?
■ No □ Yes	
E No	not an atlorney to help you fill out bankruptcy forms?
	kruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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Debtor 1 Jolly T Walls	Case number (it known)
Description of leased Property:	☐ Yes
Lessor's name; Description of leased	□ No
Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	O Yes
Sign Below	] 1 mg mar at 1917, 1917 - And 1818 - Colombia 1818
Inder penalty of perjury, I declare that I have indicated my intention abproperty that is subject to an unexpired lease	pout any property of my estate that secures a debt and any personal
Joffy T Walls Signature of Debtor 1	X Signature of Debtor 2
properly	Date

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		Docume	<u>nt Page 13 of 54</u>	
Fill in this infor	mation to identify your	case:		
Debtor 1	Jolly T Walls			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				☐ Check if this is an
				amended filing

## Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

		Your a	
		Value	of what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$	73,292.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	2,434.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	75,726.00
Par	t 2: Summarize Your Liabilities		
			iabilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	88,439.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	92,329.29
	Your total liabilities	\$	180,768.29
Par	t 3: Summarize Your Income and Expenses		
٠.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	3,041.00
j.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	3,082.00
ar	4: Answer These Questions for Administrative and Statistical Records		
	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other so	hedules.
	■ Yes What kind of debt do you have?		

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Page 14 of 54 Case number (if known) Debtor 1 Jolly T Walls

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form \$ 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

3,903.83

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total cl	aim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	76,227.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	76,227.00

Case 16-18262 Doc 1 Filed 06/01/16 Entered 06/01/16 13:05:58 Desc Main Document Page 15 of 54 Fill in this information to identify your case and this filing: Debtor 1 Jolly T Walls Middle Name First Name Last Name Debtor 2 (Spouse, if filing) Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number Check if this is an amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? ■ No. Go to Part 2. Yes. Where is the property? What is the property? Check all that apply 1.1 232 Thomas St Single-family home Do not deduct secured claims or exemptions. Put Street address, if available, or other description the amount of any secured claims on Schedule D: Duplex or multi-unit building Creditors Who Have Claims Secured by Property. Condominium or cooperative П Manufactured or mobile home Current value of the Current value of the **Park Forest** 60466-0000 ☐ Land portion you own? entire property? ZIP Code \$73,292.00 \$73,292.00 State Investment property Timeshare Describe the nature of your ownership interest □ Other (such as fee simple, tenancy by the entireties, or a life estate), if known. Who has an interest in the property? Check one Fee simple Debtor 1 only Cook Debtor 2 only County ☐ Debtor 1 and Debtor 2 only Check if this is community property 

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here......>>

\$73,292.00

(see instructions)

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

property identification number:

At least one of the debtors and another

Other information you wish to add about this item, such as local

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

■ No

☐ Yes

Debtor 1	Jolly T Walls	Document Page 16 of 54 Case number (if know	wn)
4. Watercr	raft, aircraft, mot	tor homes, ATVs and other recreational vehicles, other vehicles, and accessories motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories	,
	o. Doats, trailers,	motors, personal watercraft, fishing vessels, showmosiles, motorcycle accessories	
■ No			
☐ Yes			
		the portion you own for all of your entries from Part 2, including any entries for ed for Part 2. Write that number here=>	\$0.00
Part 3: De	scribe Your Perso	nal and Household Items	
·	ŕ	egal or equitable interest in any of the following items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
<i>Exampl</i> □ No	,	urnishings ices, furniture, linens, china, kitchenware	
■ Yes.	Describe		
		Miscellaneous used household goods	\$800.00
□ No		nd radios; audio, video, stereo, and digital equipment; computers, printers, scanners; mus phones, cameras, media players, games	ic collections; electronic devices
		Miscellaneous electronics	\$400.00
Example No		figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, cons, memorabilia, collectibles	oin, or baseball card collections;
		Miscellaneous books, tapes, CD's, etc.	\$70.00
Example No	ent for sports and les: Sports, photo musical instru	graphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; cano	es and kayaks; carpentry tools;
■ No		s, shotguns, ammunition, and related equipment	
□ No		othes, furs, leather coats, designer wear, shoes, accessories	
100.		Developed wood elething	<b>6075.00</b>
		Personal used clothing	\$375.00
□ No		welry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gem	s, gold, silver

Schedule A/B: Property

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Official Form 106A/B

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Case number (if known)

Document Debtor 1 Jolly T Walls

	Miscellaneous cos	tume jewelry	\$25.00
13. Non-farm animals  Examples: Dogs, cats,  No  Yes. Describe	birds, horses		
14. Any other personal ar	nd household items you	did not already list, including any health aids yo	ou did not list
No			
☐ Yes. Give specific in	formation		
		om Part 3, including any entries for pages you ha	\$1,670.00
Part 4: Describe Your Finar	ncial Assets		
		st in any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
■ No	have in your wallet, in yo	ur home, in a safe deposit box, and on hand when y	ou file your petition
		accounts; certificates of deposit; shares in credit un bunts with the same institution, list each.	ions, brokerage houses, and other similar
■ Yes		Institution name:	
	17.1. Checking	US Bank	\$659.00
	17.2. Savings	US Bank	\$105.00
18. Bonds, mutual funds, Examples: Bond funds ■ No	or publicly traded stoc, investment accounts wi	ks th brokerage firms, money market accounts	
■ No □ Yes	Institution or is	suer name:	
19. Non-publicly traded so joint venture  ■ No	tock and interests in in	corporated and unincorporated businesses, inclu	uding an interest in an LLC, partnership, and
	formation about them Name of entity:		ownership:
Negotiable instruments Non-negotiable instrum  ■ No	s include personal checks nents are those you cann	negotiable and non-negotiable instruments s, cashiers' checks, promissory notes, and money or ot transfer to someone by signing or delivering them	
☐ Yes. Give specific inf	ormation about them Issuer name:		
_ `		(k), 403(b), thrift savings accounts, or other pension	or profit-sharing plans
■ No □ Yes. List each accoun	nt separately. Type of account:	Institution name:	
Official Form 106A/B	Type of account.	Schedule A/B: Property	page :

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22.		d deposits you have made so that you may con	ntinue service or use from a company ectric, gas, water), telecommunications companies	s, or others
	☐ Yes	Institution	name or individual:	
23.	Annuities (A contract for	r a periodic payment of money to you, either fo	or life or for a number of years)	
		uer name and description.		
24.	26 U.S.C. §§ 530(b)(1), 5		ogram, or under a qualified state tuition progr	am.
	■ No □ Yes Ins	titution name and description. Separately file	the records of any interests.11 U.S.C. § 521(c):	
	■ No	, , , ,	ng listed in line 1), and rights or powers exerc	isable for your benefit
	☐ Yes. Give specific info			
26.		demarks, trade secrets, and other intellect ain names, websites, proceeds from royalties		
	☐ Yes. Give specific info	ormation about them		
27.		nd other general intangibles nits, exclusive licenses, cooperative association	on holdings, liquor licenses, professional licenses	
	☐ Yes. Give specific info	ormation about them		
Me	oney or property owed to	o you?		Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax refunds owed to yo	ou		
	■ No □ Yes. Give specific info	rmation about them, including whether you alr	eady filed the returns and the tax years	
29.	Family support Examples: Past due or le	ump sum alimony, spousal support, child supp	port, maintenance, divorce settlement, property se	ettlement
	■ No □ Yes. Give specific info	rmation		
30.			nefits, sick pay, vacation pay, workers' compensa	ation, Social Security
	■ No □ Yes. Give specific info	ormation		
	Interests in insurance process: Health, disab		(HSA); credit, homeowner's, or renter's insurance	3
	■ Yes. Name the insuran	nce company of each policy and list its value.  Company name:	Beneficiary:	Surrender or refund value:
		Employer - Term Life Insurance - I	no Children	\$0.00

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Case number (if known) Document Debtor 1 Jolly T Walls 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$764.00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ■ No ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ...... \$0.00 List the Totals of Each Part of this Form \$73,292.00 \$0.00

\$2,434.00

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$75,726.00

Copy personal property total

\$2,434,00

62. Total personal property. Add lines 56 through 61...

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Fill in this inforn	nation to identify your	case:		
Debtor 1	Jolly T Walls			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bar	nkruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

1.	Which set of exem	ptions are	you claiming?	Check one only	, even if	your spouse is	filing with	vou.
----	-------------------	------------	---------------	----------------	-----------	----------------	-------------	------

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
232 Thomas St Park Forest, IL 60466 Cook County	\$73,292.00		\$15,000.00	735 ILCS 5/12-901
Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	
Miscellaneous used household goods	\$800.00		\$800.00	735 ILCS 5/12-1001(b)
Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	
Miscellaneous electronics Line from Schedule A/B: 7.1	\$400.00		\$400.00	735 ILCS 5/12-1001(b)
Elle Holli Golloddie 702.			100% of fair market value, up to any applicable statutory limit	
Miscellaneous books, tapes, CD's, etc.	\$70.00		\$70.00	735 ILCS 5/12-1001(a)
Line from Schedule A/B: 8.1			100% of fair market value, up to any applicable statutory limit	
Personal used clothing Line from Schedule A/B: 11.1	\$375.00		\$375.00	735 ILCS 5/12-1001(a)
Elic Holl Gollevale AVD. 1111			100% of fair market value, up to any applicable statutory limit	

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Case number (if known)

Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
\$25.00		\$25.00	735 ILCS 5/12-1001(b)
		100% of fair market value, up to any applicable statutory limit	
\$659.00		\$659.00	735 ILCS 5/12-1001(b)
		100% of fair market value, up to any applicable statutory limit	
\$105.00		\$105.00	735 ILCS 5/12-1001(b)
		100% of fair market value, up to any applicable statutory limit	
		ed on or after the date of adjustme	nt.)
	\$25.00 \$25.00 \$659.00 \$105.00	\$25.00	\$25.00  \$25.00  100% of fair market value, up to any applicable statutory limit  \$659.00  100% of fair market value, up to any applicable statutory limit  \$100% of fair market value, up to any applicable statutory limit  \$105.00  100% of fair market value, up to any applicable statutory limit

	Case 1			Document	Page 22	¹ ∩t 5/I		
Fill in this inf	formation	າ to identify yoເ	ır case:		1 1100.77	\/I ./ <del>-</del>		
Debtor 1		olly T Walls	Middle I	Name	Last Name			
Debtor 2								
(Spouse if, filing)	Firs	st Name	Middle I	Name	Last Name			
United States	Bankrupt	tcy Court for the	NORTHER	RN DISTRICT OF ILI	LINOIS	_		
Case number (if known)				_			_	if this is an led filing
Official Fo	orm 10	6D						
			Who Ha	ave Claims	Secured	d by Property	1	12/15
	the Addit					ually responsible for sup		
. Do any credit	tors have	claims secured by	y your property?	?				
□ No. Ch	neck this b	oox and submit t	his form to the	court with your other	r schedules. Yo	ou have nothing else to	report on this form.	
_		oox and submit t the information		court with your other	r schedules. Yo	ou have nothing else to	report on this form.	
■ Yes. Fi	ill in all of			court with your othe	r schedules. Yo	ou have nothing else to	report on this form.	
Yes. Fi	ill in all of	the information ured Claims	below.			ou have nothing else to  Column A	report on this form.  Column B	Column C
Yes. Fi Part 1: Lis  2. List all secur for each claim.	ill in all of at All Sec red claims If more tha	the information ured Claims  If a creditor has an one creditor has	below.  more than one sess a particular clain	court with your other ecured claim, list the cre m, list the other creditor ng to the creditor's nam	editor separately rs in Part 2. As		•	Column C Unsecured portion If any
Yes. Fi Part 1: Lis 2. List all secur for each claim. much as possib 2.1 Chase	ill in all of at All Sec red claims If more that ale, list the	the information ured Claims  If a creditor has an one creditor has	more than one sess a particular clain cal order according	ecured claim, list the cre m, list the other creditor	editor separately rs in Part 2. As ne.	Column A  Amount of claim Do not deduct the	Column B Value of collateral that supports this	Unsecured portion
Yes. Fi Part 1: Lis  2. List all secur for each claim. much as possib	ill in all of at All Sec red claims If more that ale, list the	the information ured Claims  If a creditor has an one creditor has	more than one se a particular clain cal order according Describe the p	ecured claim, list the cre m, list the other creditor ng to the creditor's nam property that secures as St Park Forest,	editor separately rs in Part 2. As ne. the claim:	Column A  Amount of claim Do not deduct the value of collateral.	Column B  Value of collateral that supports this claim	Unsecured portion If any
Part 1: Lis  2. List all secur for each claim. much as possib  2.1 Chase  Creditor's N	ill in all of it All Sec red claims If more the ole, list the of Mtg Name	the information ured Claims  5. If a creditor has an one creditor has claims in alphabeti	more than one se a particular clain cal order accordin Describe the p  232 Thoma Cook Coun  As of the date apply.	ecured claim, list the cre m, list the other creditor ng to the creditor's nam property that secures as St Park Forest, nty	editor separately rs in Part 2. As ne. the claim:	Column A  Amount of claim Do not deduct the value of collateral.	Column B  Value of collateral that supports this claim	Unsecured portion If any
Part 1: Lis  2. List all securifor each claim. much as possib  2.1 Chase Creditor's N	ill in all of at All Sec red claims If more than ole, list the ole Name	the information ured Claims  5. If a creditor has an one creditor has claims in alphabeti	more than one se sa particular clain cal order accordin Describe the particular Cook Coun	ecured claim, list the cre m, list the other creditor ng to the creditor's nam property that secures as St Park Forest, ty	editor separately rs in Part 2. As ne. the claim:	Column A  Amount of claim Do not deduct the value of collateral.	Column B  Value of collateral that supports this claim	Unsecured portion If any
Part 1: Lis  2. List all securifor each claim. much as possib  2.1 Chase Creditor's N  Po Box Columi Number, St	red claims If more that the letter that the le	the information ured Claims  5. If a creditor has a none creditor has claims in alphabeti  1 43224 tate & Zip Code	more than one se s a particular clain cal order accordir  Describe the p  232 Thoma Cook Coun  As of the date apply.  Contingent Unliquidated Disputed	ecured claim, list the cre m, list the other creditor ng to the creditor's nam property that secures as St Park Forest, ty you file, the claim is:	editor separately rs in Part 2. As ne. the claim:	Column A  Amount of claim Do not deduct the value of collateral.	Column B  Value of collateral that supports this claim	Unsecured portion If any
Part 1: Lis  2. List all secunifor each claim. much as possib  2.1 Chase Creditor's N  Po Box Columi Number, St  Who owes the	ill in all of at All Sec red claims If more that ole, list the ole, list the ole warme.  Mtg. Name  4 24696 bus, OH  treet, City, See debt? Coly	the information ured Claims  5. If a creditor has a none creditor has claims in alphabeti  1 43224 tate & Zip Code	more than one se s a particular clain cal order accordir  Describe the p  232 Thoma Cook Coun  As of the date apply.  Contingent Unliquidated Disputed Nature of lien	ecured claim, list the cre m, list the other creditor ng to the creditor's nam property that secures as St Park Forest, ty	editor separately rs in Part 2. As ne.  the claim: , IL 60466	Column A  Amount of claim Do not deduct the value of collateral. \$88,439.00	Column B  Value of collateral that supports this claim	Unsecured portion If any
Part 1: Lis  2. List all secunifor each claim. much as possib  2.1 Chase Creditor's N  Po Box Columi Number, St  Who owes the	ill in all of at All Sec red claims If more that ole, list the ole, list	the information ured Claims s. If a creditor has an one creditor has claims in alphabeti  43224 tate & Zip Code heck one.	more than one se s a particular clain cal order according a particular clain cal order according a particular clain cal order according a particular cook Coun.  As of the date apply.  Contingent Unliquidated Disputed Nature of lien An agreement car loan)	ecured claim, list the crem, list the other creditoring to the creditor's name property that secures as St Park Forest, aty	editor separately rs in Part 2. As ne.  the claim: , IL 60466	Column A  Amount of claim Do not deduct the value of collateral. \$88,439.00	Column B  Value of collateral that supports this claim	Unsecured portion If any
Part 1: Lis  2. List all secur for each claim. much as possib  2.1 Chase Creditor's N  Po Box Columi Number, St  Who owes the Debtor 1 onl Debtor 2 onl Debtor 1 and	ill in all of at All Sec red claims If more than the let let let let let let let let let le	the information ured Claims s. If a creditor has an one creditor has claims in alphabeti  43224 tate & Zip Code heck one.	more than one se s a particular clain cal order according Describe the particular clain Cook Coun  As of the date apply.  Contingent Unliquidated Disputed Nature of lien An agreeme car loan)  Statutory lie	ecured claim, list the crem, list the other creditoring to the creditor's namproperty that secures as St Park Forest, by you file, the claim is:  d  1. Check all that apply. ent you made (such as	editor separately rs in Part 2. As ne.  the claim: , IL 60466	Column A  Amount of claim Do not deduct the value of collateral. \$88,439.00	Column B  Value of collateral that supports this claim	Unsecured portion If any
Part 1: Lis  2. List all secur for each claim. much as possib  2.1 Chase Creditor's N  Po Box Columi Number, St  Who owes the Debtor 1 onl Debtor 2 onl Debtor 1 and	ill in all of at All Sec red claims If more than the letter of the lette	the information ured Claims  5. If a creditor has an one creditor has claims in alphabeti  1 43224 tate & Zip Code heck one.  only tors and another	more than one se sa particular clain cal order accordin cal	ecured claim, list the crem, list the other creditoring to the creditor's namproperty that secures as St Park Forest, by you file, the claim is:  d  1. Check all that apply. ent you made (such as en (such as tax lien, me	editor separately rs in Part 2. As ne.  the claim: , IL 60466	Column A  Amount of claim Do not deduct the value of collateral. \$88,439.00	Column B  Value of collateral that supports this claim	Unsecured portion If any
Part 1: Lis  2. List all secur for each claim. much as possib  2.1 Chase Creditor's N  Po Box Columi Number, St  Who owes the Debtor 1 onl Debtor 2 onl Debtor 1 and At least one Check if thi	ill in all of at All Sec red claims If more than the letter of the lette	the information ured Claims  5. If a creditor has an one creditor has claims in alphabeti  1 43224 tate & Zip Code heck one.  only tors and another	more than one se sa particular clain cal order accordin cal	ecured claim, list the crem, list the other creditoring to the creditor's name property that secures as St Park Forest, and a you file, the claim is:  d  1. Check all that apply, ent you made (such as en (such as tax lien, me ien from a lawsuit	editor separately is in Part 2. As ne.  the claim: , IL 60466  Check all that  mortgage or secucionic's lien)	Column A  Amount of claim Do not deduct the value of collateral. \$88,439.00	Column B  Value of collateral that supports this claim	Unsecured portion If any

Add the dollar value of your entries in Column A on this page. Write that number here: If this is the last page of your form, add the dollar value totals from all pages.

\$88,439.00

Write that number here:

\$88,439.00

## Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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		Document	Page 2	3 of 54		
Fill in th	nis information to identify your	case:				
Debtor 1	Jolly T Walls					
	First Name	Middle Name	Last Name			
Debtor 2		Madula Nassa	Last Name			
(Spouse if,	filing) First Name	Middle Name	Last Name			
United S	States Bankruptcy Court for the:	NORTHERN DISTRICT OF IL	LINOIS			
Case nu	ımher					
(if known)						check if this is an
					a	mended filing
٠	-L ===== 400=/=					
	al Form 106E/F	//	01-:			40/45
	dule E/F: Creditors W					12/15
schedule schedule eft. Attac	utory contracts or unexpired leases G: Executory Contracts and Unexp D: Creditors Who Have Claims Sec h the Continuation Page to this page I case number (if known).	oired Leases (Official Form 106G). I cured by Property. If more space is ge. If you have no information to re	Do not include needed, copy	any creditors with partially s the Part you need, fill it out, r	ecured claims number the en	that are listed in tries in the boxes on the
Part 1:	List All of Your PRIORITY Ur					
	ny creditors have priority unsecure	ed claims against you?				
	lo. Go to Part 2.					
□ Y	<del>-</del>	TV Haranana di Olahara				
Part 2:						
	ny creditors have nonpriority unse					
ЦΝ	lo. You have nothing to report in this p	part. Submit this form to the court with	your other sche	edules.		
Y	es.					
unse	all of your nonpriority unsecured cl cured claim, list the creditor separatel one creditor holds a particular claim, 2.	y for each claim. For each claim listed	d, identify what t	type of claim it is. Do not list cla	aims already ind	cluded in Part 1. If more
						Total claim
4.1	Advocate Medical Group	Last 4 digits of acc	ount number	8003		\$361.00
	Nonpriority Creditor's Name	WI		45		
	PO Box 92523 Chicago, IL 60675-2523	When was the deb	t incurrea?	15		-
	Number Street City State Zlp Code	As of the date you	file, the claim	is: Check all that apply		
	Who incurred the debt? Check one.					
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	At least one of the debtors and an	other Type of NONPRIOR	RITY unsecure	d claim:		
	☐ Check if this claim is for a com					
	debt Is the claim subject to offset?			aration agreement or divorce the	at you did not	
	No	report as priority cla		ng plans, and other similar debt	c	
		·	·	y pians, and other similar debt	o	
	☐ Yes	Other. Specify	iviedical			-

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John John Walls		- Case Harriser (ii know)	
Blitt & Gaines	Last 4 digits of account number	2511	\$0.00
Nonpriority Creditor's Name 661 Glenn Ave	When was the debt incurred?	16	
Wheeling, IL 60090  Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.	•	,	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
$\square$ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	☐ Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other. Specify Notice Only	<u>/</u>	
Capital One Bank Usa N	Last 4 digits of account number	6288	\$2,638.00
Nonpriority Creditor's Name		Opened 11/01/09 Leet Active	
Pob 30281 Salt Lake City, UT 84130	When was the debt incurred?	Opened 11/01/08 Last Active 8/01/14	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	<ul> <li>Obligations arising out of a separe of the separement of the separement</li></ul>	aration agreement or divorce that you did not	
■ No	☐ Debts to pension or profit-sharin	ng plans, and other similar debts	
Yes	Other. Specify Credit Card	<u> </u>	
Capital One Bank Usa N	Last 4 digits of account number	4666	\$948.00
Nonpriority Creditor's Name  Pob 30281 Salt Lake City, UT 84130	When was the debt incurred?	Opened 5/01/11 Last Active 7/12/14	
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.	• ,		
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
☐ Yes	■ Other. Specify Credit Card	I	

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Case number (if know)

Debtor 1 Jolly T Walls 4.5 **CBE Group** \$948.00 Last 4 digits of account number 5721 Nonpriority Creditor's Name 1309 Technology Pkwy When was the debt incurred? 14 Cedar Falls, IA 50613 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Collection Account ☐ Yes 4.6 **CGH Medical Center** \$4,100.29 Last 4 digits of account number 8818 Nonpriority Creditor's Name 100 E Le Fevre Rd When was the debt incurred? 14 Sterling, IL 61081 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Medical Other, Specify 4.7 Dept Of Ed/navient Last 4 digits of account number 0905 \$76,227.00 Nonpriority Creditor's Name Opened 9/01/13 Last Active Po Box 9635 When was the debt incurred? 10/18/13 Wilkes Barre, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed ☐ Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ☐ Other. Specify

Educational

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Jolly I walls	Case number (if know)	
Physician Prompt Care Nonpriority Creditor's Name	Last 4 digits of account number 9638	\$143.00
18210 La Grange Rd #110 Tinley Park, IL 60487	When was the debt incurred?	
Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify Medical	
Portfolio Recovery Ass	Last 4 digits of account number 0452	\$446.00
Nonpriority Creditor's Name 120 Corporate Blvd Ste 1 Norfolk, VA 23502	When was the debt incurred? Opened 12/01/14	
Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
□Yes	■ Other. Specify	
RRCA Account Management	Last 4 digits of account number 5721	\$494.00
Nonpriority Creditor's Name 312 Locust St. Sterling, IL 61081	When was the debt incurred? 2014	
Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	□ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	$\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	■ Other. Specify Collection Account	

Debt	Case 16-18262 Doc 1 or 1 Jolly T Walls		ed 06/01/16 13:05:58 Desc N 7 of 54 Case number (if know)	⁄lain					
4.1	Td Auto Finance	Last Adiable of account accomban	9801	\$5,920.00					
1	Nonpriority Creditor's Name	Last 4 digits of account number		φ3,920.00					
	Po Box 9223 Farmington, MI 48333	When was the debt incurred?	Opened 11/01/12 Last Active 5/29/15						
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply						
	Who incurred the debt? Check one.								
	Debtor 1 only	☐ Contingent							
	Debtor 2 only	☐ Unliquidated							
	☐ Debtor 1 and Debtor 2 only	☐ Disputed							
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:						
	☐ Check if this claim is for a community	☐ Student loans							
	debt	☐ Obligations arising out of a sepa	aration agreement or divorce that you did not						
	Is the claim subject to offset?	report as priority claims							
	No	Debts to pension or profit-sharing	ng plans, and other similar debts						
	Yes	■ Other. Specify Automobil	<u>e</u>						
4.1	Us Bank Hogan Loc	Last 4 digits of account number	1350	\$104.00					
	Nonpriority Creditor's Name			·					
	Po Box 5227 Cincinnati, OH 45201	When was the debt incurred?	Opened 7/01/12 Last Active 3/24/16						
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply						
	Who incurred the debt? Check one.								
	Debtor 1 only	☐ Contingent							
	☐ Debtor 2 only	☐ Unliquidated							
	☐ Debtor 1 and Debtor 2 only	☐ Disputed							
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	Type of NONPRIORITY unsecured claim:						
	☐ Check if this claim is for a community	☐ Student loans							
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not						
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts						
	Yes	Other. Specify Check Cre	dit Or Line Of Credit						
4.1	Weltman, Weinberg & Reis Co		1295	\$0.00					
3	Nonpriority Creditor's Name	Last 4 digits of account number		φυ.υι					
	180 N LaSalle St, Suite 240 Chicago, IL 60601	When was the debt incurred?	15						
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply						
	Who incurred the debt? Check one.								
	Debtor 1 only	☐ Contingent							
	Debtor 2 only	☐ Unliquidated							
	☐ Debtor 1 and Debtor 2 only	☐ Disputed							
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:						

### Part 3: List Others to Be Notified About a Debt That You Already Listed

■ Other. Specify Notice Only

 $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not

 $\square$  Debts to pension or profit-sharing plans, and other similar debts

debt

No

☐ Yes

☐ Student loans

report as priority claims

☐ At least one of the debtors and another

Is the claim subject to offset?

 $\hfill\square$  Check if this claim is for a community

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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## Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
	6f.	Student loans	6f.	\$ 76,227.00
Total claims				
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 16,102.29
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 92,329.29

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		17/1/11/11	3 H 144 X 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Fill in this infor	mation to identify your	case:		
Debtor 1	Jolly T Walls			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				

## Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	r company with Name, Number	h whom you have the er, Street, City, State and ZIP C	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	<del>_</del>
2.3					
0	Name				_
	Number	Street			
	City		State	ZIP Code	<del>_</del>
2.4	•				
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.5					
	Name				_
	Number	Street			_
	City		State	ZIP Code	<del>_</del>
	J.,		State		

Case 16-18262 Doc 1 Filed 06/01/16 Entered 06/01/16 13:05:58 Desc Main Page 30 of 54 Document Fill in this information to identify your case: Debtor 1 Jolly T Walls Middle Name Last Name First Name Debtor 2 (Spouse if, filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if known) ☐ Check if this is an amended filing Official Form 106H **Schedule H: Your Codebtors** 12/15 Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question. 1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor. □ No Yes 2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.) No. Go to line 3. ☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time? 3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Official Form 106H Software Copyright (c) 1996-2016 Best Case, LLC - www.bestcase.com

Column 1: Your codebtor

Earnest Walls, Sr.

Park Forest, IL 60466

232 Thomas St.

3.1

Name, Number, Street, City, State and ZIP Code

Schedule H: Your Codebtors

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

■ Schedule D, line 2.1

☐ Schedule E/F, line

☐ Schedule G \_\_\_\_ Chase Mtq

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Fill	in this information to identify your ca	ase:								
Del	otor 1 Jolly T Walls	s			_					
	otor 2 puse, if filing)				_					
Uni	ted States Bankruptcy Court for the	: NORTHERN DISTRIC	CT OF ILLINOIS		_					
(If kr	fficial Form 106l chedule I: Your Inc	ome				☐ An ☐ A s		ed filing ent showin as of the fo		petition chapter g date: <b>12/1</b>
sup spo atta	as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form.  11: Describe Employment	are married and not filing wi	ng jointly, and your sp ith you, do not include	ouse i inforr	s liv natio	ing with yon about y	ou, incluyour spo	ude inforn ouse. If mo	nation ore spa	about your ace is needed,
1.	Fill in your employment information.		Debtor 1				Debtor 2	or non-fi	iling sp	oouse
	If you have more than one job, attach a separate page with information about additional		■ Employed □ Not employed				□ Emplo	•		
	employers.	Occupation	Truck Driver							
	Include part-time, seasonal, or self-employed work.	Employer's name	JB Hunt							
	Occupation may include student or homemaker, if it applies.	Employer's address	615 JB Hunt Corp Lowell, AR 72745		Dri	ve				
		How long employed the	here? 5 months	3			_			
Pai	Give Details About Mor	nthly Income								
	mate monthly income as of the duse unless you are separated.	ate you file this form. If y	you have nothing to rep	ort for	any I	line, write	\$0 in the	space. Ind	clude yo	our non-filing
	u or your non-filing spouse have mo		ombine the information f	or all e	mplo	oyers for th	nat perso	n on the li	nes bel	ow. If you need
						For Debt	tor 1	For De non-fili	btor 2 d ing spo	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	4,0	072.00	\$		N/A
3.	Estimate and list monthly overt	ime pay.		3.	+\$		0.00	+\$		N/A

Calculate gross Income. Add line 2 + line 3.

4,072.00

N/A

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Deb	tor 1	Jolly T Walls	-	С	ase n	umber ( <i>if ki</i>	nown)				
						Debtor 1		non-	Debtor filing s	pouse	
	Copy	y line 4 here	4.		\$	4,072	2.00	\$		N/A	-
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5a	. :	\$	774	1.00	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b	. :	\$	(	0.00	\$		N/A	-
	5c.	Voluntary contributions for retirement plans	5c.		\$	244	1.00	\$		N/A	
	5d.	Required repayments of retirement fund loans	5d		\$		0.00	\$		N/A	-
	5e.	Insurance	5e		\$		0.00	\$		N/A	=
	5f.	Domestic support obligations Union dues	5f.		\$		0.00	\$		N/A	-
	5g. 5h.	Other deductions. Specify: Legal Plan	5g 5h		φ— \$		0.00 3.00	+ \$		N/A N/A	-
6			_		. —			· -			-
6. <del>-</del>		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		§	1,031		\$		N/A	-
7.	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	,	<u> </u>	3,041	.00	\$		N/A	-
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total			•						
	O.L.	monthly net income.	8a		\$		0.00	\$		N/A	
	8b. 8c.	Interest and dividends Family support payments that you, a non-filing spouse, or a dependent	8b		\$		0.00	\$		N/A	-
		regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.		\$		0.00	\$		N/A	-
	8d.	Unemployment compensation	8d		\$		0.00	\$		N/A	-
	8e. 8f.	Social Security Other government assistance that you regularly receive	8e		Φ		0.00	Φ		N/A	=
	OI.	Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	8f.		\$		0.00	\$		N/A	
	8g.	Pension or retirement income	8g		\$		0.00	\$		N/A	
	8h.	Other monthly income. Specify:	_ 8h	.+	\$	(	0.00	+ \$		N/A	=
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$		(	0.00	\$		N/A	
10	Calc	ulate monthly income. Add line 7 + line 9.	10.	\$	2	,041.00	+ \$		N/A	= \$	3,041.00
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		Ψ_		,041.00	<b>'</b>		17/7	<sub> </sub>	3,041.00
11.	State Inclu	e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your riferends or relatives.  ot include any amounts already included in lines 2-10 or amounts that are not a	depe						chedule 11.		0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines							12.	\$	3,041.00
13.	Do y	ou expect an increase or decrease within the year after you file this form	?								y income

Official Form 106I Schedule I: Your Income page 2

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E.II .	October Colonia Control of Colonia Col				
FIII Ir	n this information to identify your case:				
Debto	Jolly T Walls		Che	ck if this is:	
Dakt	0			An amended filing	Zanasata a CC anashantan
Debto (Spot	use, if filing)			13 expenses as of	ving postpetition chapter the following date:
(Opoc	g,			. o oxpoooo ao o.	
Unite	d States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLING	OIS		MM / DD / YYYY	
Case	number				
(If kno	own)				
Off	ficial Form 106J				
Sc	hedule J: Your Expenses				12/15
Be a infor	is complete and accurate as possible. If two married people ard rmation. If more space is needed, attach another sheet to this f ber (if known). Answer every question.				
Part					
1.	Is this a joint case?				
	No. Go to line 2.				
	☐ Yes. Does Debtor 2 live in a separate household?				
	□ No				
	☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses	for Separate House	hold of Deb	otor 2.	
2.	Do you have dependents? ☐ No				
	Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent	Dependent's relation		Dependent's age	Does dependent live with you?
	Do not state the				□ No
	dependents names.	Dependent		2	■ Yes
					□ No
		Dependent		3	■ Yes
					□ No
					☐ Yes
					□ No
_					☐ Yes
3.	Do your expenses include expenses of people other than yourself and your dependents? ■ No ☐ Yes				
expe	2: Estimate Your Ongoing Monthly Expenses mate your expenses as of your bankruptcy filing date unless yearses as of a date after the bankruptcy is filed. If this is a supplicable date.				
the v	ude expenses paid for with non-cash government assistance if value of such assistance and have included it on <i>Schedule I:</i> Yicial Form 106I.)			Your expe	enses
	The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot.	nclude first mortgage	4. \$	<b>.</b>	947.00
	If not included in line 4:				
	4a. Real estate taxes		4a. \$	5	0.00
	4b. Property, homeowner's, or renter's insurance		4b. \$		0.00
	4c. Home maintenance, repair, and upkeep expenses		4c. \$	<u> </u>	150.00
	4d. Homeowner's association or condominium dues		4d. \$	·	0.00
5	Additional mortgage payments for your residence, such as hor	me equity loans	5 9		0.00

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Debtor 1		Jolly T V	Jolly T Walls				
6.	Utiliti	ies:					
	6a.		heat, natural gas		6a.	\$	220.00
	6b.	Water, sev	wer, garbage collection		6b.	\$	140.00
	6c.	Telephone	e, cell phone, Internet, satellite, and cable ser	vices	6c.	\$	200.00
	6d.	Other. Spe	ecify:		6d.	\$	0.00
7.	Food		ekeeping supplies	_	7.	\$	650.00
8.	Child	dcare and c	children's education costs		8.	\$	0.00
9.	Cloth	ning, laund	ry, and dry cleaning		9.	\$	150.00
10.	Perso	onal care p	products and services		10.	\$	100.00
11.	Medi	ical and de	ntal expenses		11.	\$	200.00
12.	Trans	sportation.	Include gas, maintenance, bus or train fare.				
			ar payments.		12.	\$	225.00
13.	Ente	rtainment,	clubs, recreation, newspapers, magazines	, and books	13.	\$	100.00
14.	Char	itable cont	ributions and religious donations		14.	\$	0.00
15.	Insur	rance.					
			surance deducted from your pay or included				
		Life insura			15a.	*	0.00
		Health ins			15b.		0.00
	15c.	Vehicle in	surance		15c.	·	0.00
			rance. Specify:		15d.	\$	0.00
16.			clude taxes deducted from your pay or include			_	
	Spec	,			16.	\$	0.00
17.			ease payments:	_		•	
			ents for Vehicle 1		17a.	·	0.00
			ents for Vehicle 2		17b.		0.00
		Other. Spe			17c.	·	0.00
		Other. Spe			17d.	\$	0.00
18.			of alimony, maintenance, and support tha		18.	\$	0.00
10			your pay on line 5, <i>Schedule I, Your Incon</i> s you make to support others who do not		10.	\$	0.00
13.	Spec		s you make to support others who do not	ive with you.	19.	Ψ	0.00
20		·	erty expenses not included in lines 4 or 5	of this form or on Schedule		our Income	
20.			s on other property		20a.		0.00
		Real estat			20b.		0.00
			homeowner's, or renter's insurance		20c.	·	0.00
			nce, repair, and upkeep expenses		20d.		0.00
			er's association or condominium dues		20e.		0.00
24			ers association or condominatin dues			· —	
۷۱.	Otne	r: Specify:			21.	+\$	0.00
22.	Calc	ulate your i	monthly expenses				
	22a. /	Add lines 4	through 21.			\$	3,082.00
	22b.	Copy line 2:	2 (monthly expenses for Debtor 2), if any, fro	m Official Form 106J-2		\$	,
	22c. /	Add line 22	a and 22b. The result is your monthly expens	ses.		\$	3,082.00
							3,002.00
23.		-	monthly net income.				
			12 (your combined monthly income) from Scl		23a.		3,041.00
	23b.	Copy your	monthly expenses from line 22c above.	2	23b.	-\$	3,082.00
	23c.		our monthly expenses from your monthly inc	ome.	23c.	\$	-41.00
		i ne result	is your monthly net income.	2	_00.	L *	71100
24	Do 14	OII expect :	an increase or decrease in your expenses	within the year after you file	thic	form?	
44.			ou expect to finish paying for your car loan within the				rease or decrease because of a
			terms of your mortgage?	, , ,	ا - ق	, ,	
	■ No	0.					
	□Y€		Explain here:				
		~~·					

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Fill in this infor	mation to identify your	case:			
Debtor 1	Jolly T Walls				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case number (if known)					☐ Check if this is an amended filing
Official Forr	m 106Dec				
Declarat	tion About a	n Individual	Debtor's Sc	hedules	12/15
years, or both. 1	y or property by fraud ir 8 U.S.C. §§ 152, 1341, 1 n Below		ruptcy case can result i	in fines up to \$250,000	0, or imprisonment for up to 20
Did you pa	y or agree to pay some	one who is NOT an attorn	ney to help you fill out b	pankruptcy forms?	
■ No					
☐ Yes. I	Name of person				ruptcy Petition Preparer's Notice, and Signature (Official Form 119)
	alty of perjury, I declare e true and correct.	that I have read the sumn	nary and schedules file	ed with this declaration	n and
X /s/ Joll	ly T Walls		x		
Jolly T	Walls re of Debtor 1		Signature of	Debtor 2	

Date

Date **June 1, 2016** 

	in this inform	ation to identify you	r case:			
Del	otor 1	Jolly T Walls First Name	Middle Name	Last Name		
Del	otor 2	i iist ivaine	Widdle Name	Last Name		
(Spc	ouse if, filing)	First Name	Middle Name	Last Name		
Uni	ted States Ban	kruptcy Court for the:	NORTHERN DISTRICT O	OF ILLINOIS		
Cas	se number					
(if known)						Check if this is an
						amended filing
		4.0-				
	ficial For					
Sta	atement	of Financial	Affairs for Individ	duals Filing for B	ankruptcy	4/16
					equally responsible for sup	
		ore space is needed, ). Answer every que		this form. On the top of any	additional pages, write you	ur name and case
	<u> </u>	,		Lived Defens		
Pai	-		rital Status and Where You	Lived Before		
1.	What is your current marital status?					
	☐ Married					
	■ Not married					
2.	During the last 3 years, have you lived anywhere other than where you live now?					
	■ No.					
	<ul> <li>No</li> <li>Yes. List all of the places you lived in the last 3 years. Do not include where you live now.</li> </ul>					
	Deptor 1 Pri	or Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	uress:	Dates Debtor 2 lived there
3	Within the la	st 8 years did you ey	ver live with a spouse or led	ial equivalent in a commun	ity property state or territor	v2 (Community property
state					co, Texas, Washington and V	
	■ No					
<ul><li>■ No</li><li>☐ Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).</li></ul>						
		io care yea iiii car co.				
Par	t 2 Explain	the Sources of You	r Income			
4.	Did vou have	anv income from en	nplovment or from operatin	a a business during this ve	ar or the two previous cale	ndar vears?
	Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.  If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.					
	ir you are filing	g a joint case and you	nave income that you receive	e together, list it only once un	der Deptor 1.	
	□ No					
	Yes. Fill	in the details.				
			Debtor 1		Debtor 2	
			Sources of income	Gross income	Sources of income	Gross income
			Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)
E	m lanuaru 4 a	of ourront waar until	_	,		and oxoldololloj
		of current year until I for bankruptcy:	■ Wages, commissions,	\$20,360.00	☐ Wages, commissions, bonuses, tips	
	-		bonuses, tips		☐ Operating a business	
			☐ Operating a business		Operating a business	

Official Form 107

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		Document	Page 37 of 54	
Debtor 1	Jolly T Walls		Case number (if known)	

	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
For last calendar year: (January 1 to December 31, 2015)	■ Wages, commissions, bonuses, tips	\$45,004.00	☐ Wages, commissions, bonuses, tips	
	☐ Operating a business		☐ Operating a business	
For the calendar year before that: (January 1 to December 31, 2014)	■ Wages, commissions, bonuses, tips	\$23,428.00	☐ Wages, commissions, bonuses, tips	
	☐ Operating a business		☐ Operating a business	
<ul> <li>Did you receive any other income Include income regardless of wheth and other public benefit payments; winnings. If you are filing a joint cas List each source and the gross inco</li> <li>No</li> <li>Yes. Fill in the details.</li> </ul>	er that income is taxable. Exa pensions; rental income; inter e and you have income that y	imples of other income are all est; dividends; money collect ou received together, list it of	ed from lawsuits; royalties; ar nly once under Debtor 1.	Security, unemployment, nd gambling and lottery
	Debtor 1		Debtor 2	
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)
Part 3: List Certain Payments You	Made Before You Filed for I	Bankruptcy		
individual primarily for a  During the 90 days befo  No. Go to line 7.  Yes List below e paid that cre not include a subject to adjustment  Yes. Debtor 1 or Debtor 2 or	ebtor 2 has primarily consupersonal, family, or househol re you filed for bankruptcy, did ach creditor to whom you paideditor. Do not include payment payments to an attorney for the on 4/01/19 and every 3 years	Imer debts. Consumer debts d purpose."  d you pay any creditor a total d a total of \$6,425* or more in the for domestic support obligations bankruptcy case. Is after that for cases filed on the mer debts.	of \$6,425* or more?  n one or more payments and ations, such as child support for after the date of adjustmen	the total amount you and alimony. Also, do
include payı	ach creditor to whom you paid	d a total of \$600 or more and		
	ments for domestic support of this bankruptcy case.	oligations, such as child supp	ort and alimony. Also, do not	include payments to an

paid

still owe

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•	Within 1 year before you filed for bankruptour linsiders include your relatives; any general particle of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony.	artners; relatives of any gen control, or owner of 20% o	neral partners; partners partners or more of their votin	erships of which yog g securities; and a	ou are a general ny managing age	partner; corporation ent, including one fo
	No					
	Yes. List all payments to an insider.					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for th	nis payment
i	Within 1 year before you filed for bankruptoinsider? Include payments on debts guaranteed or cos		ments or transfer a	any property on a	ccount of a deb	ot that benefited an
	■ No □ Yes. List all payments to an insider					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for the Include creditor	
Part	4: Identify Legal Actions, Repossession	ns, and Foreclosures				
1	Within 1 year before you filed for bankrupton List all such matters, including personal injury modifications, and contract disputes.  No Yes, Fill in the details.					
	Case title	Nature of the case	Court or agency		Status of the	C350
	Case number				Status of the	Case
	Capital One Bank vs Jolly T Walls 2016-M6-002511	Collection	Circuit Court of County 50 W Washing Chicago, IL 60	ton St	■ Pending □ On appeal □ Concluded	
	Within 1 year before you filed for bankrupton Check all that apply and fill in the details below		erty repossessed, f	foreclosed, garnis	shed, attached,	seized, or levied?
	□ No. Go to line 11.					
	Yes. Fill in the information below.					
	Creditor Name and Address	Describe the Property		Date		Value of the property
		Explain what happened	d			p p ,
	Td Auto Finance Po Box 9223	2013 Dodge Charger	r	1/20	16	\$15,400.00
	Farmington, MI 48333	■ Property was reposse	essed.			
		☐ Property was foreclos☐ Property was garnish				
		☐ Property was attache				
;	Within 90 days before you filed for bankrup accounts or refuse to make a payment bec ■ No □ Yes. Fill in the details.		luding a bank or fi	nancial institutior	n, set off any an	nounts from your
	Creditor Name and Address	Describe the action the	e creditor took	Date	action was	Amount
				taker	1	

Page 39 of 54 Case number (if known) Document Debtor 1 Jolly T Walls 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No ☐ Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value per person the gifts Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? ■ No Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value contributed more than \$600 **Charity's Name** Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? Nο п Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of payment **Address** transferred or transfer was Email or website address made Person Who Made the Payment, if Not You \$1,050.00 Bizar & Doyle, LLC **Attorney Fees** 2016 123 West Madison Street Suite 205 Chicago, IL 60602 joe@bizardoylelaw.com

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Debtor 1 Jolly T Walls

Address Person's relationship to you  19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of whoeneficiary? (These are often called asset-protection devices.)  No Yes. Fill in the details.  Name of trust  Description and value of the property transferred Data mad  Part 33. List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units  20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your be sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit union houses, pension funds, cooperatives, associations, and other financial institutions.  No Yes. Fill in the details.  Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)  10. you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for cash, or other valuables?  No Yes. Fill in the details.  Name of Financial Institution Address (Number, Street, City, State and ZIP Code)  Who else had access to it? Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  No Yes. Fill in the details.  Name of Financial Institution Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.		7. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone promised to help you deal with your creditors or to make payments to your creditors?  Do not include any payment or transfer that you listed on line 16.				ty to anyone who	
Address transferred was made  18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your proper include gifts and transfers that you have already listed on this statement.    No							
transferred in the ordinary course of your business or financial affairs? Include both outright transfers made as security (such as the granting of a security interest or mortgage on your proper include gifts and transfers that you have already listed on this statement.  No Press. Fill in the details.  Person Who Received Transfer Address Address Person's relationship to you  19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of who beneficiary? (These are often called asset-protection devices.)  No Press. Fill in the details.  Name of trust  Description and value of the property transferred  Data mad  Person Who Received Transfer Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  No Press. Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)  Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)  Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)  Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)  No Press. Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)  Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)  No Press. Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  No Press. Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  No Press. Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  No Press. Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)				alue of any prope	erty	or transfer was	Amount of payment
Person Who Received Transfer Address Person's relationship to you  19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of who beneficiary? (These are often called asset-protection devices.)  No Yes. Fill in the details.  Name of trust  Description and value of the property transferred  Date made and property transferred  Date and property to a self-settled trust or similar device of who here for property transferred  Date made and the property transferred  Date and property to a self-settled trust or similar device of who here for property transferred  Date and property transferred  Date and property to a self-settled trust or similar device of who here for property transferred  Date and property to a self-settled trust or similar device of who here for property transferred  Date and property transferred  Date and property transferred  Type of account or instrument or page account was closed, sold, and account number and property account was closed, sold, and account number and property account was closed, sold, account or transferred  Date and property transferred  Date and property transferred  Date and property t		transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on include gifts and transfers that you have already listed on this statement.  No					
Address Person's relationship to you  19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of whoeneficiary? (These are often called asset-protection devices.)  No Yes. Fill in the details.  Name of trust  Description and value of the property transferred Date made  Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units  20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your be sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unio houses, pension funds, cooperatives, associations, and other financial institutions.  No Yes. Fill in the details.  Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code)  Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)			Description and w	alue of	Doscribo a	ny proporty or	Date transfer was
19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of wh beneficiary? (These are often called asset-protection devices.)  No Yes. Fill in the details.  Name of trust  Description and value of the property transferred  Date made  Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units  20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your be sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unio houses, pension funds, cooperatives, associations, and other financial institutions.  No Yes. Fill in the details.  Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)  Last 4 digits of account or instrument closed, sold, moved, or transferred  21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository financial institution and Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Financial Institution Address (Number, Street, City, State and ZIP Code)  Who else had access to it? Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.		Address			payments	received or debts	made
beneficiary? (These are often called asset-protection devices.)  No Yes. Fill in the details.  Name of trust  Description and value of the property transferred  Date made of trust  Description and value of the property transferred  Date made of trust  Description and value of the property transferred  Date made of trust  Description and value of the property transferred  Date made of trust  Description and value of the property transferred  Date made of trust  Description and value of the property transferred  Date made of trust  Description and value of the property transferred  Date made of trust  No Yes. Fill in the details.  Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Financial Institution Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Financial Institution Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Who else had access to it? Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Storage Facility  No Yes. Fill in the details.  Name of Storage Facility  No Yes. Fill in the details.  Name of Storage Facility  No Yes. Fill in the details.  Name of Storage Facility  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State Contents to it? Address (Number, Street, City, State Contents Contents to it? Address (Number, Street, City, State Contents Cont		reison's relationship to you					
Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units  20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your be sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unio houses, pension funds, cooperatives, associations, and other financial institutions.  No Yes. Fill in the details.  Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Financial Institution Address (Number, Street, City, State and ZIP Code)  Who else had access to it? Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Financial Institution Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)  Describe the contents		eneficiary? (These are often called asset-protect No		y property to a se	elf-settled tru	st or similar device o	of which you are a
20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your be sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unio houses, pension funds, cooperatives, associations, and other financial institutions.  No Yes. Fill in the details.  Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Financial Institution Address (Number, Street, City, State and ZIP Code)  Who else had access to it? Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  Who else has or had access To it? Address (Number, Street, City, State and ZIP Code)  Who else has or had access To it? Address (Number, Street, City, State and ZIP Code)		Name of trust	Description and va	alue of the prope	erty transferre	ed	Date Transfer was made
20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your be sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unio houses, pension funds, cooperatives, associations, and other financial institutions.  No Yes. Fill in the details.  Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Financial Institution Address (Number, Street, City, State and ZIP Code)  Who else had access to it? Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  Who else has or had access To it? Address (Number, Street, City, State and ZIP Code)  Who else has or had access To it? Address (Number, Street, City, State and ZIP Code)	D(	List of Contain Financial Assessment Justin		D 1 01			
sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unio houses, pension funds, cooperatives, associations, and other financial institutions.  No Yes. Fill in the details.  Name of Financial Institution and Address (Number, Street, City, State and ZIP account number account number account number account or instrument account was closed, sold, moved, or transferred  21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for cash, or other valuables?  No Yes. Fill in the details.  Name of Financial Institution Address (Number, Street, City, State and ZIP Code)  Who else had access to it? Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  Who else has or had access	Part	List of Certain Financial Accounts, Instru	uments, Safe Deposit	Boxes, and Stor	age Units		
Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)  Last 4 digits of account or instrument  Date account was closed, sold, moved, or transferred  21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for cash, or other valuables?  No  Yes. Fill in the details.  Name of Financial Institution Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  No  Yes. Fill in the details.  No  Address (Number, Street, City, State and ZIP Code)  Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)  No  Yes. Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)	sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of houses, pension funds, cooperatives, associations, and other financial institutions.		f deposit; sh				
Address (Number, Street, City, State and ZIP   account number   instrument   closed, sold, moved, or transferred    21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for cash, or other valuables?  No   Yes. Fill in the details.  Name of Financial Institution   Address (Number, Street, City, State and ZIP Code)   Address (Number, Street, City, State and ZIP Code)   Address (Number, Street, City, State and ZIP Code)    No   Yes. Fill in the details.  Name of Storage Facility   Who else has or had access to it?   Describe the contents   Describe the co							
No   Yes. Fill in the details.   Name of Financial Institution   Address (Number, Street, City, State and ZIP Code)   Address (Number, Street, City, State and ZIP Code)   Address (Number, Street, City, State and ZIP Code)   No   Yes. Fill in the details.   Name of Storage Facility   Address (Number, Street, City, State and ZIP Code)   Who else has or had access to it?   Describe the contents   Describe the cont		Address (Number, Street, City, State and ZIP		• •	clo mo	sed, sold, ved, or	Last balance before closing or transfer
☐ Yes. Fill in the details.  Name of Financial Institution Address (Number, Street, City, State and ZIP Code)  Who else had access to it? Address (Number, Street, City, State and ZIP Code)  Part of Storage Facility Address (Number, Street, City, State and ZIP Code)  Who else had access to it? Address (Number, Street, City, State and ZIP Code)  Describe the contents			ar before you filed for	bankruptcy, any	safe deposit	box or other deposit	tory for securities,
Address (Number, Street, City, State and ZIP Code)  No  Yes. Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  Who else has or had access to it? Address (Number, Street, City,		_					
■ No □ Yes. Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  Who else has or had access to it? Address (Number, Street, City,			Address (Number, St	Address (Number, Street, City,		Describe the contents	
Address (Number, Street, City, State and ZIP Code) to it?  Address (Number, Street, City,		■ No	, and the second	home within 1 ye	ear before yo	u filed for bankruptc	y?
			to it? Address (Number, St		escribe the o	contents	Do you still have it?

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Debtor 1 Jolly T Walls

Pai	t 9: Identify Property You Hold or Control for S	Someone Else					
23.	Do you hold or control any property that someon for someone.	ne else owns? Include any proper	rty you	ı borrowed from, are storing for	, or hold in trust		
	■ No □ Yes. Fill in the details.						
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Desc	cribe the property	Value		
Pai	t 10: Give Details About Environmental Information	tion					
For	the purpose of Part 10, the following definitions a	apply:					
	Environmental law means any federal, state, or letoxic substances, wastes, or material into the air regulations controlling the cleanup of these sub	r, land, soil, surface water, ground					
	Site means any location, facility, or property as of to own, operate, or utilize it, including disposal s	-	law, w	hether you now own, operate,	or utilize it or used		
	Hazardous material means anything an environment hazardous material, pollutant, contaminant, or si	nental law defines as a hazardous	s wast	e, hazardous substance, toxic s	substance,		
Rep	ort all notices, releases, and proceedings that yo	u know about, regardless of wher	n they	occurred.			
24.	Has any governmental unit notified you that you	may be liable or potentially liable	unde	r or in violation of an environme	ental law?		
	■ No □ Yes. Fill in the details.						
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)		Environmental law, if you know it	Date of notice		
25.	Have you notified any governmental unit of any release of hazardous material?						
	■ No □ Yes. Fill in the details.						
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)		Environmental law, if you know it	Date of notice		
26.	Have you been a party in any judicial or administ	trative proceeding under any envi	ironm	ental law? Include settlements a	and orders.		
	■ No □ Yes. Fill in the details.						
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Natu	re of the case	Status of the case		
Pai	t 11: Give Details About Your Business or Conn	nections to Any Business					
27.	Within 4 years before you filed for bankruptcy, d	id vou own a business or have an	nv of t	he following connections to any	/ business?		
	☐ A sole proprietor or self-employed in a tr	•	•		,		
	☐ A member of a limited liability company (	(LLC) or limited liability partnersh	ip (LL	P)			
	☐ A partner in a partnership						
	☐ An officer, director, or managing executi	ve of a corporation					
	An owner of at least 5% of the veting or	aguity coougition of a corporation					

Case 16-18262 Doc 1 Filed 06/01/16 Entered 06/01/16 13:05:58 Page 42 of 54 Case number (if known) Document Debtor 1 Jolly T Walls No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Describe the nature of the business **Employer Identification number Business Name Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. Name **Date Issued Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Jolly T Walls Signature of Debtor 2 Jolly T Walls Signature of Debtor 1 Date June 1, 2016 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No

. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

■ No

☐ Yes. Name of Person

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Fill in this inform	mation to identify your	case:		
Debtor 1	Jolly T Walls			
	First Name	Middle Name	Last Name	_
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name	_
	inkruptcy Court for the:		FRICT OF ILLINOIS	
Officed States Ba	inkruptcy Court for the.	NORTHERN DIS	TRICT OF ILLINOIS	-
Case number _				☐ Check if this is an
(,				amended filing
Official Fo	rm 108			
		n for Indiv	viduala Eilina Undar Cha	enter 7
Statemen	it of intentio	n ior inaiv	riduals Filing Under Cha	12/15
If you are an indi	ividual filing under cha	oter 7, you must fil	l out this form if:	
	e claims secured by yo			
	sed personal property a			
	ever is earlier, unless th		you file your bankruptcy petition or by the de e time for cause. You must also send copies	
	eople are filing together	in a joint case, bo	th are equally responsible for supplying corr	rect information. Both debtors must
	and accurate as possib our name and case nun		needed, attach a separate sheet to this forn	n. On the top of any additional pages,
Part 1: List Yo	our Creditors Who Have	Secured Claims		
1. For any credit	•	ert 1 of Schedule D	: Creditors Who Have Claims Secured by Pro	operty (Official Form 106D), fill in the
	editor and the property the	nat is collateral	What do you intend to do with the propert secures a debt?	y that Did you claim the property as exempt on Schedule C?
Creditor's C	hase Mtg		☐ Surrender the property.	□No
name:			☐ Retain the property and redeem it.	
Description of	232 Thomas St Par	k Forest, IL	Retain the property and enter into a	■ Yes
property	60466 Cook Coun	•	Reaffirmation Agreement.  Retain the property and [explain]:	
securing debt:				
Port 2: List V	our Unovaired Persons	I Proporty Logge		
For any unexpire	our Unexpired Persona ed personal property lea	ase that you listed	in Schedule G: Executory Contracts and Une	expired Leases (Official Form 106G), fill
			expired leases are leases that are still in effe the trustee does not assume it. 11 U.S.C. § 30	
Tou may assume	s an unexpired persona	i property lease in	the trustee does not assume it. 11 0.5.0. § 50	υσ(β)(2).
Describe your u	nexpired personal prop	perty leases		Will the lease be assumed?
Lessor's name:				□ No
Description of lea	ased			
Property:				☐ Yes
Lessor's name:				□ No
Description of lea	ased			
Property:				☐ Yes
Lessor's name:				□ No

Statement of Intention for Individuals Filing Under Chapter 7

Official Form 108

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Debtor 1	Jolly T Walls	Case number (if known)	
Descript Property	tion of leased y:		☐ Yes
Lessor's Descript Property	tion of leased		□ No
Lessor's			□ No
Property Lessor's			☐ Yes
Description of leased Property:			☐ Yes
Lessor's Descript Property	tion of leased		□ No □ Yes
Part 3:	Sign Below		
	enalty of perjury, I declare that I have indicated my intenti y that is subject to an unexpired lease.	ion about any property of my estate that sec	cures a debt and any personal
Jo	/ Jolly T Walls  Jolly T Walls  gnature of Debtor 1	XSignature of Debtor 2	
Da	te	Date	

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-18262 Doc 1 Filed 06/01/16 Entered 06/01/16 13:05:58 Desc Main Document Page 49 of 54

B2030 (Form 2030) (12/15)

### **United States Bankruptcy Court** Northern District of Illinois

In re	Jolly T Walls		Case No	
		Debtor(s)	Chapter	7
	DISCLOSURE OF COMP	ENSATION OF ATTOR	RNEY FOR D	EBTOR(S)
С	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 20 compensation paid to me within one year before the five rendered on behalf of the debtor(s) in contemplatio	ling of the petition in bankruptcy,	or agreed to be pai	d to me, for services rendered or to
	For legal services, I have agreed to accept		\$	1,050.00
	Prior to the filing of this statement I have receive	d	\$	1,050.00
				0.00
2. Т	The source of the compensation paid to me was:			
	$\blacksquare$ Debtor $\square$ Other (specify):			
3. Т	The source of compensation to be paid to me is:			
	■ Debtor □ Other (specify):			
4. I	I have not agreed to share the above-disclosed cor	mpensation with any other person	unless they are men	nbers and associates of my law firm
I	☐ I have agreed to share the above-disclosed compet copy of the agreement, together with a list of the r			
5. 1	In return for the above-disclosed fee, I have agreed to	render legal service for all aspects	s of the bankruptcy	case, including:
b c	<ul> <li>Analysis of the debtor's financial situation, and renote.</li> <li>Preparation and filing of any petition, schedules, stereore reaction of the debtor at the meeting of credit.</li> <li>[Other provisions as needed]         <ul> <li>Negotiations with secured creditors to reaffirmation agreements and applicate 522(f)(2)(A) for avoidance of liens on headers.</li> </ul> </li> </ul>	tatement of affairs and plan which litors and confirmation hearing, an preduce to market value; exe tions as needed; preparation	may be required; ad any adjourned he	arings thereof;
6. E	By agreement with the debtor(s), the above-disclosed Representation of the debtors in any oproceeding.	fee does not include the following dischargeability actions, judio	service: cial lien avoidan	ces or any other adversary
		CERTIFICATION		
	certify that the foregoing is a complete statement of ankruptcy proceeding.	any agreement or arrangement for	payment to me for	representation of the debtor(s) in
Jι	ıne 1, 2016	/s/ Joseph R. Doy	rle	
	ate	Joseph R. Doyle of Signature of Attorne Bizar & Doyle, LL 123 West Madison Suite 205 Chicago, IL 60602 312-427-3100 Faijoe@bizardoylela	6279065 y C n Street 2 x: 312-427-5400	

BIZAR & BOY	CEL FILE OF BANKETURE CO	101/16 13:05:58 Pesc Main
SECURED DEBTS  1st Mortgage /Arrears  2nd Mortgage /Arrears  Automobile #1  Automobile #2  PMSI  Non-PMSI  Other  TOTAL \$	TOTAL \$	NON-DISCHARGEABLE  Taxes  Student Loans 55,000  Child Support  NSF  Parking Tickets  Govt. Debt  Other  TOTAL
Cosigned debt (Y/N) Wage assignment (Y/N) 722 Redemption (Y/N) HAPTER 7 - eliminates dischargea	Bank Account Setoff (Y/N)  License suspended (Y/N)  Motion to avoid lien (Y/N)  ble unsecured debts.	Garnishment (Y/N) IRS Determination (Y/N) Judgment lien motion (Y/N)
HAPTER 7 ATTORNEY'S FEE  ETAINER FEE \$ \( \frac{20}{20} \) BALANCE  **FILING FEE** MONEY ORDER THE CHAPTER 7 WILL NOT BE FILE  'HAPTER 13 - debt consolidation p  STIMATED Chapter 13 payment plan to	PAYABLE in four (4) installing CASHIER'S CHECK FOR \$335.00 PAYABLE DUNTIL ATTORNEYS (EES ARE PAID IN I	E TO THE BIZAR & DOYLE, LLC
CHAPTER 13 ATTORNEY'S FEE oday you paid us \$retainer our PAYMENT PLAN: \$	\$(filin	ne unsecured, non-priority creditor claims.  Ig fee not included)  Of for the filing fee.  BOYLE, LLC)
EMAINING BALANCE of \$ he above fee is for pre-confirmation work only. All post cords you have provided and is subject to change based one non-dischargeable debts could survive the Chapter I	on creditor claims, changes in your net income and expe	hapter 13 payment above is just an estimate based on the
fully disclose all financial information to BIZAR & DOYL at it is a Federal crime to omit a creditor or other informatic last payment date. Attorney's advice to client is based on lated to changes in the law that affect client's ability to qual y client delay should the law change. Pay in full immediative client. 3) STATE LAW PROCEEDINGS. Client mutatters and will not represent any bankruptcy client in ANY low cause or any other civil or criminal lawsuits. Client in hooses to terminate BIZAR & DOYLE, LLC's services an ancellation. BIZAR & DOYLE, LLC's hourly rate is \$27.00YLE, LLC as client's attorneys. After receiving written nearped attorneys fees paid to date. 5) COLLECTIONS-Ilient's liable for all autorney's fees and costs incurred to contition request, offlied mail, return receipt requested COUNSELING ENNANCIAL MANAGEMENT. Every office to filling to bankruptcy Each client must take a financ lasses at: USE WWW.ACCESSBK.ODC. Attorney cases for Amending Bankruptcy Schedules: \$230 to amentited. There is no charge to amend for a change of address filed. Client agrees to call BIZAR & DOYLE, LLC three BIZAR & DOYLE, LLC still has to appear at the hearing of ischarge. BIZAR & DOYLE, LLC's fee for negotiating ischarge. BIZAR & DOYLE, LLC's fee for negotiating ischarge issue is \$275 per hour, ten hours to be paid in a licent delays in paying the fees, returning the petition or in locuments of information. Avoiding Liens Redemptions-gainst real estate, (\$550)  Avoiding non-purchase aid prior to BIZAR & DOYLE, LLC drafting such motion he lien will survive the bankruptcy. Client acknowledges the bankruptcy of the patient of the paying the fees, returned checks not houst one between the paying the fees of any motion to reopen a closed be of BIZAR & DOYLE, LTD for any returned checks not houst one paying the fees of any motion to reopen a closed be of BIZAR & DOYLE, LTD for any returned checks not houst one paying the fees of any motion to reopen a closed be of BIZAR & DOYLE, LTD for any returned checks not houst one pay	EXIC. Client must disclose all assets and all debts regardle ton from a bankruptcy petition. 2) TIMELY PAYMENTY. current applicable Local, State and Federal laws. Client againfy for bankruptcy relief or to discharge debts within a bankrely so BIZAR & DOYLE, LLC can file client's case or risk st personally appear at any and all state court proceedings, state law matter, including, but not limited to, diverce procees advised to attend all state court proceedings, unless specific representation at any time; client is only entitled to a refundation of the purposes of determining what refund client notice, BIZAR & DOYLE, LLC will take approximately 4 for BIZAR & DOYLE, LLC is unable to collect its fees pursuallect the debt, including court costs. 6) RESCISSIONS-Client must receive credit counseling from an "approved nonial management course within 45 days of the 1st date set for ode- BD1513. 8) ADDITIONAL FEES- in addition to seem of the providing information once the case is filed to add additional ass. Missing court date or 341 meeting. Client must attend a weeks after client's case has been filed to obtain the \$341 seem if client does not and will charge \$200 additional fee for a settlement is approximately \$350 to be paid in advance of vance. Delays- BIZAR & DOYLE, LLC reserves the right country interests (\$375), or redemptions. Client understands and agrees that if client does not apy that there is a limited time to bring such motions. Motion to mikruptcy case for any reason once the case is discharged. Enored by client's bank for any reason. 9) GROUP PRACT Client authorizes BIZAR & DOYLE, LLC to hire co-country of the providing authorizes BIZAR & DOYLE, LLC to hire co-country of the provided and the provided and the provided and the provided and the case is discharged.	D FILING FEES). 1) FULL DISCLOSURE- Client agrees less of client's intentions to repay such debts and understands LAW CHANGES - Client agrees to pay fees in full prior to grees to hold BIZAR & DOYLE, LLC harmless for damages ruptcy case. BIZAR & DOYLE, LLC are not responsible for a that court rulings and law changes could alter the advice we BIZAR & DOYLE, LLC does not represent client in these edings, contempt hearings, citation to discover assets, rules to fically advised otherwise in writing. 4) REFUNDS-If client and of uncarned fees. Client must submit a written request of t is entitled to in the event that client discharges BIZAR & 15 days to do an accounting and issue a refund check of any that to this contract, we will refer your account to collections. ient may only rescind a reaffirmation agreement by sending a s prior to the bar date for rescissions. 7) CREDIT profit budget and credit counseling agency" within 180 days or your Section 341 meeting of creditors hearing. Take the all court costs and filing fees, client agrees to pay additional creditions and/or to list additional assets that were previously as §341 meeting approximately four weeks after client's case meeting date if client has not received notice of the meeting. For each missed court date/hearing. Adversary objections to of settlement. BIZAR & DOYLE, LLC's fee for litigating a to charge a minimum of \$150 for additional fees due to any ag appraisals, proof of insurance, titles or any other requested following additional fees for services to avoid judgment liens on vehicles (\$600)
Signature & Della 11 ) Alla	DATE OUILELY	D. (77)

Document

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B2030 (Form 2030) (12/15)

# United States Bankruptcy Court Northern District of Illinois

	Jolly T Walls		Case No.			
		Debtor(s)	Chapter	7		
	DISCLOSURE OF COM	PENSATION OF ATTO	RNEY FOR D	EBTOR(S)		
cc	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:					
	For legal services, I have agreed to accept		\$	1,050.00		
	Prior to the filing of this statement I have receive	ved	\$	1,050.00		
				0.00		
. Tl	ne source of the compensation paid to me was:					
	■ Debtor □ Other (specify):					
. Tl	ne source of compensation to be paid to me is:					
	■ Debtor □ Other (specify):					
. •	I have not agreed to share the above-disclosed co	ompensation with any other perso	n unless they are mer	nbers and associates of r	ny law firm.	
	I have agreed to share the above-disclosed comp copy of the agreement, together with a list of the				v firm. A	
	return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:					
. Ir	return for the above-disclosed fee, I have agreed to	to render legal service for all aspe	ects of the bankruptcy	case, including:		
a. Ir a. b. c. d.	Analysis of the debtor's financial situation, and re Preparation and filing of any petition, schedules, Representation of the debtor at the meeting of cre	endering advice to the debtor in d statement of affairs and plan whi editors and confirmation hearing, to reduce to market value; e ations as needed; preparation	etermining whether to ch may be required; and any adjourned he xemption planning	o file a petition in bankru earings thereof; g; preparation and file	ing of	
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### United States Bankruptcy Court Northern District of Illinois

		1 (of their District of Immors		
In re	Jolly T Walls		Case No.	
		Debtor(s)	Chapter <b>7</b>	
	VE	RIFICATION OF CREDITOR N	MATRIX	
		Number o	f Creditors:	14
	The above-named Debtor(s) (our) knowledge.	hereby verifies that the list of cred	itors is true and correct to t	the best of my
Date:	June 1, 2016	/s/ Jolly T Walls Jolly T Walls Signature of Debtor		

Advocate Medical Group PO Box 92523 Chicago, IL 60675-2523

Blitt & Gaines 661 Glenn Ave Wheeling, IL 60090

Capital One Bank Usa N Pob 30281 Salt Lake City, UT 84130

CBE Group 1309 Technology Pkwy Cedar Falls, IA 50613

CGH Medical Center 100 E Le Fevre Rd Sterling, IL 61081

Chase Mtg Po Box 24696 Columbus, OH 43224

Dept Of Ed/navient Po Box 9635 Wilkes Barre, PA 18773

Earnest Walls, Sr. 232 Thomas St. Park Forest, IL 60466

Physician Prompt Care 18210 La Grange Rd #110 Tinley Park, IL 60487

Portfolio Recovery Ass 120 Corporate Blvd Ste 1 Norfolk, VA 23502

RRCA Account Management 312 Locust St. Sterling, IL 61081

Td Auto Finance Po Box 9223 Farmington, MI 48333

Us Bank Hogan Loc Po Box 5227 Cincinnati, OH 45201

Weltman, Weinberg & Reis Co 180 N LaSalle St, Suite 240 Chicago, IL 60601